

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004393

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 367

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

14000

24008

3

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13

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. ~~FILED~~ FEB 13 1963

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Length of stay in 1b

18 hours

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Halls Ferry Nursing Home

Inside Limits  
Yes ☒ No ☐c. CITY  
OR  
TOWN

Jennings

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

8502 Clifton

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

LOUISE

BRAMBILLA

4. DATE  
OF  
DEATH

Month

Day

Year

January

31

1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/19/1894

9. AGE (last birthday)

68 years

10. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

Milan, ITALY

11. BIRTHPLACE (City and state or country)

U. S. A.

13a. FATHER'S NAME

John Viscardi

13b. MOTHER'S MAIDEN NAME

Theresa Assanelli

14. NAME OF HUSBAND OR WIFE

Charles Brambilla

15. WAS DECEASED EVER IN U.S. ARMED FORCE

(Yes, no, or unknown) (If yes, give war or dates)

No

Y NO.

18

17. INFORMANT

Charles Brambilla-8502 Clifton

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.INTERVAL BETWEEN  
ONSET AND DEATH

15 yrs

10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1950 to Jan 31-63 and last saw her alive on Jan 30-63  
Death occurred at 5 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

removal

23b. DATE

Feb 2, 1963

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis

Missouri

24. FUNERAL DIRECTOR

ADDRESS

BUCHHOLZ MORTUARY-5967 W. Florissant Ave

25. DATE RECD. BY LOCAL REG.

2-1-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Kilfred J. Buchholz*

Licensed Embalmer No. 4551

P. O. Address

*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.